Case 14-34788-KRH Doc 22 Filed 10/22/14 Entered 10/22/14 15:36:13 Desc Main Document Page 1 of 14

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF VIRGINIA

CHAPTER 13 PLAN - AMENDED AND RELATED MOTIONS

Name of Debtor	(s): Sherry Louise Gay	Case No: 14-34788
This plan, dated	October 22, 2014 , is:	

- □ the *first* Chapter 13 plan filed in this case.
- a modified Plan, which replaces the

□confirmed or ■unconfirmed Plan dated October 20, 2014.

Date and Time of Modified Plan Confirming Hearing: December 10, 2014 @ 9:10 a.m.
Place of Modified Plan Confirmation Hearing: 701 E. Broad Street, Court Room 5000

The Plan provisions modified by this filing are:

Creditors affected by this modification are:

NOTICE: YOUR RIGHTS WILL BE AFFECTED. You should read these papers carefully. If you oppose any provision of this Plan, or if you oppose any included motions to (i) value collateral, (ii) avoid liens, or (iii) assume or reject unexpired leases or executory contracts, you MUST file a timely written objection.

This Plan may be confirmed and become binding, and the included motions in paragraphs 3, 6, and 7 to value collateral, avoid liens, and assume or reject unexpired leases or executory contracts may be granted, without further notice or hearing unless a written objection is filed not later than seven (7) days prior to the date set for the confirmation hearing and the objecting party appears at the confirmation hearing.

The debtor(s)' schedules list assets and liabilities as follows:

Total Assets: \$182,641.00

Total Non-Priority Unsecured Debt: \$85,288.17

Total Priority Debt: \$0.00 Total Secured Debt: \$124,000.00

Case 14-34788-KRH Doc 22 Filed 10/22/14 Entered 10/22/14 15:36:13 Desc Main Document Page 2 of 14

1.	Funding of Plan. Th	e debtor(s) pr	opose to pay the trustee t	he sum of \$310.91 Mo	nthly for 60 months.	Other payments to the
	Trustee are as follows	: NONE .	The total amount to be p	paid into the plan is \$	18,654.60 .	

- 2. **Priority Creditors.** The Trustee shall pay allowed priority claims in full unless the creditor agrees otherwise.
 - A. Administrative Claims under 11 U.S.C. § 1326.
 - 1. The Trustee will be paid the percentage fee fixed under 28 U.S.C. § 586(e), not to exceed 10%, of all sums disbursed except for funds returned to the debtor(s).
 - 2. Debtor(s)' attorney will be paid \$\(\frac{2,300.00}{2,300.00} \) balance due of the total fee of \$\(\frac{3,000.00}{2,000.00} \) concurrently with or prior to the payments to remaining creditors.
 - B. Claims under 11 U.S.C. §507.

The following priority creditors will be paid by deferred cash payments pro rata with other priority creditors or in monthly installments as below, except that allowed claims pursuant to 11 U.S.C. § 507(a)(1) will be paid prior to other priority creditors but concurrently with administrative claims above:

<u>Creditor</u> <u>Type of Priority</u> <u>Estimated Claim</u> <u>Payment and Term</u>

- 3. Secured Creditors: Motions to Value Collateral ("Cramdown"), Collateral being Surrendered, Adequate Protection Payments, and Payment of certain Secured Claims.
 - A. Motions to Value Collateral (other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) or by the final paragraph of 11 U.S.C. § 1325(a)). Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion to value collateral as set forth herein.

This section deals with valuation of certain claims secured by real and/or personal property, other than claims protected from "cramdown" by 11 U.S.C. § 1322(b)(2) [real estate which is debtor(s)' principal residence] or by the final paragraph of 11 U.S.C. § 1325(a) [motor vehicles purchased within 910 days or any other thing of value purchased within 1 year before filing bankruptcy], in which the replacement value is asserted to be less than the amount owing on the debt. Such debts will be treated as secured claims only to the extent of the replacement value of the collateral. That value will be paid with interest as provided in sub-section D of this section. You must refer to section 3(D) below to determine the interest rate, monthly payment and estimated term of repayment of any "crammed down" loan. The deficiency balance owed on such a loan will be treated as an unsecured claim to be paid only to the extent provided in section 4 of the Plan. The following secured claims are to be "crammed down" to the following values:

<u>Creditor</u> <u>Collateral</u> <u>Purchase Date</u> <u>Est Debt Bal.</u> <u>Replacement Value</u> -NONE-

B. Real or Personal Property to be Surrendered.

Upon confirmation of the Plan, or before, the debtor(s) will surrender his/her/their interest in the collateral securing the claims of the following creditors in satisfaction of the secured portion of such creditors' allowed claims. To the extent that the collateral does not satisfy the claim, any timely filed deficiency claim to which the creditor is entitled may be paid as a non-priority unsecured claim. Confirmation of the Plan shall terminate the automatic stay as to the interest of the debtor(s) and the estate in the collateral.

<u>Creditor</u> <u>Collateral Description</u> <u>Estimated Value</u> <u>Estimated Total Claim</u>

Case 14-34788-KRH Doc 22 Filed 10/22/14 Entered 10/22/14 15:36:13 Desc Main Document Page 3 of 14

C. Adequate Protection Payments.

The debtor(s) propose to make adequate protection payments required by 11 U.S.C. § 1326(a) or otherwise upon claims secured by personal property, until the commencement of payments provided for in sections 3(D) and/or 6(B) of the Plan, as follows:

Creditor -NONE-

Collateral Description

Adeq. Protection Monthly Payment

To Be Paid By

Any adequate protection payment upon an unexpired lease of personal property assumed by the debtor(s) pursuant to section 6(B) of the Plan shall be made by the debtor(s) as required by 11 U.S.C. § 1326(a)(1)(B) (payments coming due after the order for relief).

D. Payment of Secured Claims on Property Being Retained (except only those loans provided for in section 5 of the Plan):

This section deals with payment of debts secured by real and/or personal property [including short term obligations, judgments, tax liens and other secured debts]. After confirmation of the Plan, the Trustee will pay to the holder of each allowed secured claim, which will be either the balance owed on the indebtedness or, where applicable, the collateral's replacement value as specified in sub-section A of this section, **whichever is less**, with interest at the rate provided below, the monthly payment specified below until the amount of the secured claim has been paid in full. **Upon confirmation of the Plan**, the valuation and interest rate shown below will be binding unless a timely written objection to confirmation is filed with and sustained by the Court.

Creditor

Collateral

Approx. Bal. of Debt or "Crammed Down" Value

Interest Rate

Monthly Paymt & Est. Term**

-NONE-

E. Other Debts.

Debts which are (i) mortgage loans secured by real estate which is the debtor(s)' primary residence, or (ii) other long term obligations, whether secured or unsecured, to be continued upon the existing contract terms with any existing default in payments to be cured pursuant to 11 U.S.C. § 1322(b)(5), are provided for in section 5 of the Plan.

4. Unsecured Claims.

- A. Not separately classified. Allowed non-priority unsecured claims shall be paid pro rata from any distribution remaining after disbursement to allowed secured and priority claims. Estimated distribution is approximately 12 %. The dividend percentage may vary depending on actual claims filed. If this case were liquidated under Chapter 7, the debtor(s) estimate that unsecured creditors would receive a dividend of approximately 45.61 %.
- B. Separately classified unsecured claims.

Creditor -NONE- **Basis for Classification**

Treatment

Case 14-34788-KRH Doc 22 Filed 10/22/14 Entered 10/22/14 15:36:13 Desc Main Document Page 4 of 14

- 5. Mortgage Loans Secured by Real Property Constituting the Debtor(s)' Primary Residence; Other Long Term Payment Obligations, whether secured or unsecured, to be continued upon existing contract terms; Curing of any existing default under 11 U.S.C. § 1322(b)(5).
 - A. Debtor(s) to make regular contract payments; arrears, if any, to be paid by Trustee. The creditors listed below will be paid by the debtor(s) pursuant to the contract without modification, except that arrearages, if any, will be paid by the Trustee either pro rata with other secured claims or on a fixed monthly basis as indicated below, without interest unless an interest rate is designated below for interest to be paid on the arrearage claim and such interest is provided for in the loan agreement.

		Regular		Arrearage		Monthly
		Contract	Estimated	Interest	Estimated	Arrearage
Creditor	Collateral	Payment	Arrearage	Rate	Cure Period	Payment
PHH Mortgage	501 Grayson Avenue	1,137.00	2,276.00	0%	9 months	Prorata
	Richmond, VA 23222					

B. Trustee to make contract payments and cure arrears, if any. The Trustee shall pay the creditors listed below the regular contract monthly payments that come due during the period of this Plan, and pre-petition arrearages on such debts shall be cured by the Trustee either pro rata with other secured claims or with monthly payments as set forth below.

		Regular			Monthly
		Contract	Estimated Interest	Term for	Arrearage
Creditor	Collateral	Payment	Arrearage Rate	Arrearage	Payment
-NONE-					

C. Restructured Mortgage Loans to be paid fully during term of Plan. Any mortgage loan against real estate constituting the debtor(s)' principal residence upon which the last scheduled contract payment is due before the final payment under the Plan is due shall be paid by the Trustee during the term of the Plan as permitted by 11 U.S.C. § 1322(c)(2) with interest at the rate specified below as follows:

Datiment d

		interest	Estimated	
Creditor	Collateral	Rate	Claim	Monthly Paymt& Est. Term**
-NONE-				

- **6. Unexpired Leases and Executory Contracts.** The debtor(s) move for assumption or rejection of the executory contracts and leases listed below.
 - **A. Executory contracts and unexpired leases to be rejected.** The debtor(s) reject the following executory contracts.

Creditor	Type of Contract
-NONE-	

B. Executory contracts and unexpired leases to be assumed. The debtor(s) assume the following executory contracts. The debtor agrees to abide by all terms of the agreement. The Trustee will pay the pre-petition arrearages, if any, through payments made pro rata with other priority claims or on a fixed monthly basis as indicated below.

			Monthly	
			Payment	Estimated
Creditor	Type of Contract	Arrearage	for Arrears	Cure Period
-NONE-				

Case 14-34788-KRH Doc 22 Filed 10/22/14 Entered 10/22/14 15:36:13 Desc Mair Document Page 5 of 14

_	T .	**** · ·	T 1 ()	a 1 4	
7.	Laens	- Which	Debtor(s)	Seek to	Avoid.

A. The debtor(s) move to avoid liens pursuant to 11 U.S.C. § 522(f). The debtor(s) move to avoid the following judicial liens and non-possessory, non-purchase money liens that impair the debtor(s)' exemptions. Unless a written objection is timely filed with the Court, the Court may grant the debtor(s)' motion and cancel the creditor's lien. If an objection is filed, the Court will hear evidence and rule on the motion at the confirmation hearing.

Creditor -NONE-

Collateral

Exemption Amount

Value of Collateral

B. Avoidance of security interests or liens on grounds other than 11 U.S.C. § 522(f). The debtor(s) have filed or will file and serve separate pleadings to avoid the following liens or security interests. The creditor should review the notice or summons accompanying such pleadings as to the requirements for opposing such relief. The listing here is for information purposes only.

Creditor -NONE-

Type of Lien

Description of Collateral

Basis for Avoidance

- 8. Treatment and Payment of Claims.
 - All creditors must timely file a proof of claim to receive payment from the Trustee.
 - If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
 - If a claim is listed in the plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
 - The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.
- 9. Vesting of Property of the Estate. Property of the estate shall revest in the debtor(s) upon confirmation of the Plan. Notwithstanding such vesting, the debtor(s) may not sell, refinance, encumber real property or enter into a mortgage loan modification without approval of the Court after notice to the Trustee, any creditor who has filed a request for notice and other creditors to the extent required by the Local Rules of this Court.
- 10. Incurrence of indebtedness. The debtor(s) shall not voluntarily incur additional indebtedness exceeding the cumulative total of \$5,000 principal amount during the term of this Plan, either unsecured or secured against personal property, except upon approval of the Court after notice to the Trustee, any creditor who has filed a request for notice, and other creditors to the extent required by the Local Rules of this Court.
- 11. Other provisions of this plan:

Signatures:	
Dated: October 22, 2014	
/s/ Sherry Louise Gay	/s/ Bernice Stafford-Turner
Sherry Louise Gay	Bernice Stafford-Turner 31511
Debtor	Debtor's Attorney

Exhibits: Copy of Debtor(s)' Budget (Schedules I and J);

Matrix of Parties Served with Plan

Case 14-34788-KRH Doc 22 Filed 10/22/14 Entered 10/22/14 15:36:13 Desc Main Document Page 6 of 14

Certificate of Service

I certify that on October 22, 2014, I mailed a copy of the foregoing to the creditors and parties in interest on the attached Service List.

/s/ Bernice Stafford-Turner
Bernice Stafford-Turner 31511
Signature
PO Box 25852
Richmond, VA 23260
Address
804 218-4357
Telephone No.

Ver. 09/17/09 [effective 12/01/09]

Case 14-34788-KRH Doc 22 Filed 10/22/14 Entered 10/22/14 15:36:13 Desc Main Document Page 7 of 14

United States Bankruptcy Court Eastern District of Virginia

In re	Sherry Louise Gay		Case No.	14-34788
		Debtor(s)	Chapter	13
	SPECIAL NO	TICE TO SECURED	CREDITOR	
То:	CitiBank, N. A. c/o Northland Group, Inc. PO Box 390905 Minneapolis, MN 55439			
	Name of creditor			
	Credit Card Opened: L/U:			
	Description of collateral			
Ι.	The attached chapter 13 plan filed by the debt To value your collateral. <i>See Section</i> amount you are owed above the value	n 3 of the plan. Your lien v	will be limited to the v	
2. ha pro	To cancel or reduce a judgment lien of Section 7 of the plan. All or a portion You should read the attached plan carefully posed relief granted, unless you file and serve a	on of the amount you are ov for the details of how your	ved will be treated as claim is treated. The	an unsecured claim. e plan may be confirmed, and
	of the objection must be served on the debtor(s			at the committation hearing.
	Date objection due:		Decer	mber 3, 2014
	Date and time of confirmation hearing:		December 10, 2014	at 9:10 a.m.
	Place of confirmation hearing:	701	E. Broad Street, Cour	t Room 5000
		Sherry Lo Name(s)	ouise Gay of debtor(s)	
		<i>D</i> _j .	e Stafford-Turner Stafford-Turner 31511	
		■ Debtor □ Pro se	(s)' Attorney debtor	
		Name of PO Box 2 Richmon	Stafford-Turner 31511 attorney for debtor(s) 25852 d, VA 23260 of attorney [or pro se	
		Tel. # _5 Fax #	804 218-4357	

Case 14-34788-KRH Doc 22 Filed 10/22/14 Entered 10/22/14 15:36:13 Desc Main Document Page 8 of 14

CERTIFICATE OF SERVICE

I hereby certify that true copies of the foregoing Notice and attached Chapter 13 Plan and Related Motions were served upon the creditor noted above by

■ first class mail in conformity with the requirements of Rule 7004(b), Fed.R.Bankr.P; or

☐ certified mail in conformity with the requirements of Rule 7004(h), Fed.R.Bankr.P

on this October 22, 2014 .

/s/ Bernice Stafford-Turner Bernice Stafford-Turner 31511 Signature of attorney for debtor(s)

Ver. 09/17/09 [effective 12/01/09]

Case 14-34788-KRH Doc 22 Filed 10/22/14 Entered 10/22/14 15:36:13 Desc Main Document Page 9 of 14

Fill	in this information to ide	entify your ca	ase:									
Deb	otor 1 Sh	erry Louise	e Gay				_					
	otor 2						_					
Uni	ted States Bankruptcy (Court for the	: EASTERN DISTRICT	OF VIRGINIA	Α		_					
Cas	se number <u>14-347</u>	88		_				Che	ck if this is	:		
(If kn	nown)								An amende	ed filing		
_								_		,	g post-petition ollowing date:	
	fficial Form B							Ī	MM / DD/ Y	YYY		
S	chedule I: Yo	ur Inco	ome									12/13
attad	ch a separate sheet to	this form.	r spouse is not filing w On the top of any additi									
1.	Fill in your employm information.	ent		Debtor 1					Debtor 2	or non-fil	ling spouse	
	If you have more than		Employment status	■ Employe	ed				☐ Empl	oyed		
	attach a separate pag information about add			☐ Not emp	oloyed				☐ Not e	mployed		
	employers.		Occupation	Sales & S	ervice As	socia	te					
	Include part-time, sea self-employed work.	sonal, or	Employer's name	United Sta	ates Posta	al Ser	vice					
	Occupation may incluor homemaker, if it ap		Employer's address	2825 Lane Saint Paul		•	′					
			How long employed t	here? <u>1</u>	6 years				_			
Par	t 2: Give Details	About Mon	thly Income									
spou	use unless you are sepa	arated.	ate you file this form. If	•	0 1			•	·	·	,	J
more	e space, attach a separa	ate sheet to	this form.									
								For De	ebtor 1		otor 2 or ng spouse	
2.			ry, and commissions (b calculate what the month			2.	\$_	6	5,129.91	\$	N/A	
3.	Estimate and list mo	onthly overti	ime pay.			3.	+\$_		0.00	+\$	N/A	
4.	Calculate gross Inco	me. Add lir	ne 2 + line 3.			4.	\$	6,1	29.91	\$	N/A	

Case 14-34788-KRH Doc 22 Filed 10/22/14 Entered 10/22/14 15:36:13 Desc Main Document Page 10 of 14

Debt	tor 1	Sherry Louise Gay		Case	e number (if known)	14-34	1788	
	0				r Debtor 1	non	Debtor 2 or -filing spouse	
	Cop	y line 4 here	4.	\$_	6,129.91	\$	N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	1,328.00	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	0.00	\$	N/A	
	5d. 5e.	Required repayments of retirement fund loans Insurance	5d. 5e.	\$_ \$	0.00	\$	N/A	
	5e. 5f.	Domestic support obligations	5e. 5f.	φ_ \$	86.00 0.00	\$ <u></u>	N/A N/A	
	5g.	Union dues	5g.	\$_	50.00	\$	N/A	
	5h.	Other deductions. Specify: Allotment	5h.+	· -	818.00	· :	N/A	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,282.00	\$	N/A	
7.	Calc	sulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,847.91	\$	N/A	
8.	8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$_ \$_	0.00	\$ \$	N/A	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b.	Φ_	0.00	Ф	N/A	
	8d.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation	8c. 8d.	\$_ \$_	0.00 0.00	\$ 	N/A N/A	
	8e.	Social Security	8e.	\$_	0.00	\$	N/A	
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	e 8f. 8g.	\$_ \$	0.00	\$	N/A N/A	
	8h.	Other monthly income. Specify:	8h.+	\$		+ \$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A]
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$		3,847.91 + \$		N/A = \$	3,847.91
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.						-,
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your rifiends or relatives. In include any amounts already included in lines 2-10 or amounts that are not cify:	deper				Schedule J. 11. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines						3,847.91 ed
12	Do :	you awaret an increase or decrease within the year after you file this form	2				monthly	
13.	₽0 y	You expect an increase or decrease within the year after you file this form No.	ŗ					
		Yes Explain:						

Case 14-34788-KRH Doc 22 Filed 10/22/14 Entered 10/22/14 15:36:13 Desc Main Document Page 11 of 14

Fill	in this infor	mation to identify	your case:					
Deb	tor 1	Sherry Louis	se Gay			Ch	eck if this is:	
							An amended filing	
	tor 2 ouse, if filing)							wing post-petition chapter the following date:
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF VIRGINIA</u>							MM / DD / YYYY	
Case	e number	14-34788				П	A separate filing for	or Debtor 2 because Debto
	nown)	1101100					2 maintains a sepa	
Of	ficial F	Form B 6J			_			
		le J: Your						12/1
				e. If two married people a ach another sheet to this				
nun	nber (if kn	own). Answer eve	ery questic	on.				
Part 1.		scribe Your Hous joint case?	ehold					
١.	_							
	_	o to line 2. Ooes Debtor 2 live	in a sona	rate household?				
			г пта эсра	rate nousenoiu:				
] No] Yes. Debtor 2 mu	ust file a se	parate Schedule J.				
2.	Do you h	ave dependents?	No ■ No					
	Do not list		☐ Yes.	Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	hip to	Dependent's age	Does dependent live with you?
	Do not sta							□ No
	depender	nts' names.						Yes
								□ No
								☐ Yes
								□ No
								☐ Yes
								□ No
3.	Do your e	expenses include	<u> </u>				_	☐ Yes
Э.	expenses	s of people other and your dependent	than	I No] Yes				
Par	2: Est	timate Your Ongo	ing Month	alv Evnansas				
				ruptcy filing date unless	ou are using this forn	as a	supplement in a Ch	apter 13 case to report
exp		of a date after the		cy is filed. If this is a sup				
				government assistance				
	value of s icial Form		nd have in	cluded it on Schedule I:	Your Income		Your exp	enses
4.	The rental or home ownership expenses for your residence. Include first mortgapayments and any rent for the ground or lot.					4.	\$	1,137.00
	If not inc	luded in line 4:						
	4a. Rea	al estate taxes				4a.	\$	0.00
		perty, homeowner	's, or rente	r's insurance		4b.	·	0.00
	4c. Ho	me maintenance, ı	repair, and	upkeep expenses		4c.	\$	100.00

0.00

0.00

Homeowner's association or condominium dues

5. Additional mortgage payments for your residence, such as home equity loans

Case 14-34788-KRH Doc 22 Filed 10/22/14 Entered 10/22/14 15:36:13 Desc Main Document Page 12 of 14

6. Utilities: 6. Electricity, heat, natural gas 6. Electricity, heat, natural gas 6. Electricity, heat, natural gas 6. Water, sewer, garbage collection 6. Telephone, cell phone, Internet, satellite, and cable services 6. Telephone, cell phone, Internet, satellite, and cable services 6. Telephone, cell phone, Internet, satellite, and cable services 6. Telephone, cell phone, Internet, satellite, and cable services 6. Telephone, cell phone, Internet, satellite, and cable services 7. Food and housekeeping supplies 7. \$ 300.00 8. Childcare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 60.00 10. Personal care products and services 10. \$ 35.00 11. Medical and dental expenses 11. \$ 55.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments 12. \$ 400.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 50.00 14. Charitable contributions and religious donations 14. \$ 50.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 16d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: 17d. Other specify: 20a. Mortgages on other property 20b. Real estate taxes 20b. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Other relaproperty expenses and included in lines 4 or 5 of this form or on Schedule							
6a. Electricity, heat, natural gas 6a. \$ 170,00 6b. Water, sawer, garbage collection 6b. \$ 70,00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 175,00 6d. Other. Specify: 6d. \$ 0,00 7. Food and housekeeping supplies 7. \$ 300,00 8. Childcare and children's education costs 8. \$ 0,00 9. Clothing, laundry, and dry cleaning 9. \$ 60,00 10. Personal care products and services 10. \$ 35,00 11. Medical and dental expenses 11. \$ 50,00 12. Transportation, include gas, maintenance, bus or train fare. 11. \$ 50,00 12. Transportation, include gas, maintenance, bus or train fare. 12. \$ 400,00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 50,00 14. Charitable contributions and religious donations 14. \$ 50,00 15. Insurance. 15. \$ 0,00 15. I							
6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 175.00 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$ 175.00 6d. Other. Specify: 6d. \$ 0.00 7. Food and housekeeping supplies 7. \$ 300.00 8. Childcare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 600.00 10. Personal care products and services 10. \$ 35.00 11. Medical and dental expenses 11. \$ 50.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 400.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 50.00 14. Charitable contributions and religious donations 14. \$ 50.00 15. Insurance. 15a. Life insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 0.00 15b. Vehicle insurance, specify: 15b. \$ 0.00 15c. \$ 230.00 15c. \$ 200.00 15c. Vehicle insurance, specify: 15c. \$ 0.00 15c. \$ 0.00 15c. \$ 0.00 15c. Vehicle insurance, specify: 15c. \$ 0.00 0.00 0.00 0.00 15c. V	Ω						
6c. Telephone, cell phone, Intermet, satellite, and cable services 6d. Other. Specify: 6d. Other. Specify: 7. Food and housekeeping supplies 7. \$ 300.00 8. Childcare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 60.00 10. Personal care products and services 10. \$ 35.00 11. Medical and dental expenses 11. \$ 50.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include care proquents. 12. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 50.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 17d. Car payments for Vehicle 1 17a. Car payments for Vehicle 2 17b. Cother. Specify: 17c. Other. Specify: 17d. Other. Specify: 19d. Other payments you make to support others who do not live with you. Specify: 19d. Other rayments for Vehicle 2 20d. Specify: 20d. Mortgages on other property 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's association or condominium dues 20c. Property, homeowner's association or condominium dues 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.000 21d. Other. Specify: 21 estate taxes 22 estate taxes 23 estate taxes 24 estate taxes 25 estate taxes 26 estate taxes 27 estate taxes 28 estate taxes							
6d. Other. Specify: 7. Food and housekeeping supplies 8. Childcare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 60.00 10. Personal care products and services 11. \$ 55.00 11. Medical and dental expenses 11. \$ 55.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 400.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 50.00 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance Do not include insurance deducted from your pay or included in lines 4 or 20. 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Volter insurance. Specify: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: 17d. Other. Specify: 19. Other payments or laimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 19. Other payments you make to support others who do not live with you. Specify: 20a. \$ 0.00 20a. \$ 0.00 20a. \$ 0.00 20a. \$ 0.00 20a. Maintenance, repair, and upkeep expenses 20a. \$ 0.00 20a. Maintenance, repair, and upkeep expenses 20a. \$ 0.00 20a. Maintenance, repair, and upkeep expenses 20a. Homeowner's association or condominium dues 21. Other: Specify: 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.							
7. Food and housekeeping supplies 7. \$ 300.00 8. Childcare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 660.00 10. Personal care products and services 10. \$ 35.00 11. Medical and dental expenses 11. \$ 50.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 400.00 14. Charitable contributions and religious donations 14. \$ 50.00 15. Insurance. 0.00 15a. \$ 0.00 15a. Life insurance deducted from your pay or included in lines 4 or 20. 15a. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance specify: 15d. \$ 0.00 15c. Vehicle insurance. Specify: 15d. \$ 0.00 15c. Vehicle insurance specify: 15d. \$ 0.00 15c. Vehicle insurance. Specify: 15d. \$ 0.00 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$ 0.00 15c. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. \$ 0.00 <tr< td=""><td></td></tr<>							
8. Childcare and children's education costs 8. \$ 0.00 9. Clothing, laundry, and dry cleaning 9. \$ 60.00 10. Personal care products and services 10. \$ 35.00 11. Medical and dental expenses 11. \$ 50.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 400.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 50.00 14. Charitable contributions and religious donations 14. \$ 50.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 0.00 15b. Vehicle insurance 15b. Vehicle insurance. 15c. \$ 230.00 15c. Vehicle insurance 15c. Vehicle insurance. 15c. \$ 200.00 15c. Vehicle insurance. 15c. \$ 0.00 15c. Vehicle insurance. 15c. \$ 0.00 15c. Vehicle insurance 15c. \$ 0.00 15c. Vehicle insurance 15c. \$ 0.00 15c. Vehicle insurance 15c. \$ 0.00 15d. Other insurance insur							
9. Clothing, laundry, and dry cleaning 9. \$ 60.00 10. Personal care products and services 10. \$ 35.00 11. Medical and dental expenses 11. \$ 50.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 400.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 50.00 14. Charitable contributions and religious donations 14. \$ 50.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 0.00 15b. Vehicle insurance. 15b. \$ 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00							
10. Personal care products and services 10. \$ 35.00 11. Medical and dental expenses 11. \$ 50.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 400.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 50.00 14. Charitable contributions and religious donations 14. \$ 50.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. 15d insurance 15b. Health insurance 15b. Health insurance 15b. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance 15b. \$ 0.00 15c. Vehicle insurance. Specify: 15c. \$ 0.00 15d. Other insurance. Specify: 15d. \$ 0.00 15d. Other insurance. Specify: 15d. \$ 0.00 15d. Other insurance. Specify: 16d. \$ 0.00 15d. Other insurance. Specify: 17d. \$ 0.00 15d. Other insurance 0.00 0.00 15d. Other specify: 17d. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 18d. Other. Specify: 17d. \$ 0.00 19d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18 \$ 0.00 19d. Other payments you make to support others who do not live with you. \$ 0.00 19d. Other payments you make to support others who do not live with you. \$ 0.00 19d. Other payments you make to support others who do not live with you. \$ 0.00 20d. Mortgages on other property 20a. \$ 0.00 20d. Mortgages on other property 20a. \$ 0.00 20d. Mortgages on other property 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20d. Mortgages on other property	_						
11. Medical and dental expenses 11. \$ 50.00 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 400.00 13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 50.00 14. Charitable contributions and religious donations 14. \$ 50.00 15. Insurance. 50.00 Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. \$ 0.00 15b. Health insurance 15c. Vehicle insurance. 15c. \$ 230.00 15c. Vehicle insurance. Specify: 15d. \$ 0.00 15d. \$ 0.00 15c. Vehicle insurance. Specify: 15d. \$ 0.00 0.00 15c. Vehicle insurance. Specify: 15d. \$ 0.00 0.00 15d. Other insurance. Specify: 15d. \$ 0.00 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.00 0.00 17d. Installment or lease payments: 17a. \$ 715.00 0.00 17d. Car payments for Vehicle 1 17a. \$ 715.00 0.00 17d. Other. Specify: 17c. \$ 0.00 0.00 17d. Other. Specify: 17c. \$ 0.00 0.00 18. Your payments of alimony, maintenance, and support that you did not report							
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$ 400.00							
Do not include car payments. 1. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 50.00 14. Charitable contributions and religious donations 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 18. Your payments of allimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 19. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20c. Homeowner's association or condominium dues 21. Other: Specify: 22. Your monthly expenses. Add lines 4 through 21. 3,542.00 15d. 400.00 15d. 500.00	<u>J</u>						
13. Entertainment, clubs, recreation, newspapers, magazines, and books 13. \$ 50.00 14. Charitable contributions and religious donations 14. \$ 50.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. Health insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. O.00 15d. Other insurance. Specify: 15d. S 0.00 17axes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. S 0.00 17a. Car payments for Vehicle 1 17a. \$ 715.00 17b. Car payments for Vehicle 2 17b. S 0.00 17c. Other. Specify: 17c. Other. Specify: 17d. Other. Spec	0						
14. Charitable contributions and religious donations 14. \$ 50.00 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance, Specify: 15c. \$ 230.00 15d. Other insurance, Specify: 15d. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.00 17. Installment or lease payments: 17a. \$ 715.00 17b. Car payments for Vehicle 1 17a. \$ 715.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17c. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. 5 0.00 20c. Property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. \$ 0.00 20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20c. Property, homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: 21. * \$ 0.00	<u></u>						
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.							
Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15b. Health insurance 15b. Health insurance 15b. Vehicle insurance 15c. Vehicle insurance 15c. Vehicle insurance. Specify: 15d. Other insurance. Specify: 15d. Other insurance. Specify: 15d. Specify: 15d. Specify: 15d. Specify: 15d. Specify: 16c. Specify: 16	<u></u>						
15a. Life insurance 15a. \$ 0.00 15b. Health insurance 15b. \$ 0.00 15c. Vehicle insurance. 15c. \$ 230.00 15d. Other insurance. Specify: 15d. \$ 0.00 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.00 17. Installment or lease payments: 17a. \$ 0.00 17b. Car payments for Vehicle 1 17a. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17c. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. \$ 0.00 18. Your payments you make to support others who do not live with you. \$ 0.00 0.00 19. Other payments you make to support others who do not live with you. \$ 0.00 0.00 20.							
15c. Vehicle insurance 15d. Other insurance. Specify: 15d. Specify: 15d. Specify: 15d. Specify: 15d. Specify: 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17e. Car payments for Vehicle 1 17e. Car payments for Vehicle 2 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 19. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	0						
15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 15d. \$ 0.00 16. \$ 0.00 17d. \$ 18d. \$ 17d. \$ 17d. \$ 17d. \$ 17d. \$ 18d. \$ 17d. \$ 17d. \$ 17d. \$ 18d. \$ 17d. \$ 17d. \$ 17	<u></u>						
15d. Other insurance. Specify: 15d. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 16. \$ 0.00 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other specify: 17d. Other specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 19. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	<u></u>						
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: 17. Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 19. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Your monthly expenses. Add lines 4 through 21. 23. The result is your monthly expenses.							
Specify:	_						
17a. Car payments for Vehicle 1 17a. \$ 715.00 17b. Car payments for Vehicle 2 17b. \$ 0.00 17c. Other. Specify: 17c. \$ 0.00 17d. Other. Specify: 17d. \$ 0.00 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. \$ 0.00 Specify: 19. 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. \$ 0.00 20a. Mortgages on other property 20a. \$ 0.00 0.00 20b. Real estate taxes 20b. \$ 0.00 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 0.00 21. Other: Specify: 21. +\$ 0.00 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses. 22. \$ 3,542.00	0						
17b. Car payments for Vehicle 2 17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. Your payments you make to support others who do not live with you. Specify: 19. Other payments you make to support others who do not live with you. Specify: 19. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	_						
17c. Other. Specify: 17d. Other. Specify: 17d. Other. Specify: 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 19. Other payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	0_						
17d. Other. Specify: 17d. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 18. \$ 0.00 19. Other payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	0_						
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 19. Other payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20d. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20f. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	0						
deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). 19. Other payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20f. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	0						
19. Other payments you make to support others who do not live with you. Specify: 19. 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20b. \$ 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	_						
Specify:							
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 21. Other: Specify: 22. Your monthly expenses. Add lines 4 through 21. 23. The result is your monthly expenses.	<u>) </u>						
20a. Mortgages on other property 20a. \$ 0.00 20b. Real estate taxes 20b. \$ 0.00 20c. Property, homeowner's, or renter's insurance 20c. \$ 0.00 20d. Maintenance, repair, and upkeep expenses 20d. \$ 0.00 20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: 21. +\$ 0.00 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses. 22. \$ 3,542.00							
20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 21. Other: Specify: 21. +\$ 0.00 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	^						
20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 21. Other: Specify: 21. +\$ 0.00 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.							
20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues 20e. Homeowner's association or condominium dues 20e. Specify: 21. 4\$ 0.00 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.							
20e. Homeowner's association or condominium dues 20e. \$ 0.00 21. Other: Specify: 21. +\$ 0.00 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.							
21. Other: Specify: 21. +\$ 0.00 22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses. 23. 542.00							
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	_						
The result is your monthly expenses.	J						
The result is your monthly expenses.							
• • • • • • • • • • • • • • • • • • • •							
	_						
23a. Copy line 12 (your combined monthly income) from Schedule I. 23a. \$ 3,847.91	1						
23b. Copy your monthly expenses from line 22 above. 23b\$ 3,542.00	_						
23c. Subtract your monthly expenses from your monthly income.	,						
The result is your <i>monthly net income</i> . 23c. \$ 305.91	I						
· · ·							
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of							
ror example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because or modification to the terms of your mortgage?	а						
■ No.							
☐ Yes. Explain:							

Charlottesville Postal CU PO Box 6488 Charlottesville, VA 22906

Citi Cards PO Box 182564 Columbus, OH 43218-2564

CitiBank, N. A. c/o Northland Group, Inc. PO Box 390905 Minneapolis, MN 55439

Credit One Bank PO Box 60500 City of Industry, CA 91716

FIA Card Services-Bank of Amer c/o Glasser & Glasser, PLC PO Box 3400 Norfolk, VA 23514

Henrico Doctors Hospital P O Box 740760 Cincinnati, OH 45274

Macy's c/o United Recovery Systems PO Box 722910 Houston, TX 77272-2910

Macy's c/o ARS National Services PO Box 689195
Des Moines, IA 50368

Midland Funding LLC c/o Dominion Law Associates PO Box 62719 Virginia Beach, VA 23466

Patient First Bankruptcy Dept P.O. Box 759041 Baltimore, MD 21275 PHH Mortgage PO Box 54521 Mount Laurel, NJ 08054

Saks Fifth Avenue c/o Calvary Portfolio PO Box 17157 Baltimore, MD 21297

Vector Security c/o Resental Morgan & Thomas 12747 Olive Blvd Ste 250 Saint Louis, MO 63141

W Baxter Perkinson, Jr. DDS 10500 Atlee Station Road Ashland, VA 23005